**Instructions:**

1. Review the approved budget of your contract to verify that travel is an approved expense.
2. Travel must be reimbursed at the State rate: refer to page 82 of the *DFS Reference Guide for State Expenditures* **(Attachment 15)** for detailed guidance.

# AUTHORIZATION TO INCUR TRAVEL EXPENSES

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Payee: | | | | | SSN: | | | | | | Trip: | | | Date: |
|  | | | | |  | | | | | |  | | |  |
| Headquarters: | | Travel Period: | | | Department: | | | | | | | | | |
|  | | From:  To: | | |  | | | | | | | | | |
| Destination: | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Purpose: | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Benefits: | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| ESTIMATED COST OF TRAVEL | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| \*Total Estimated Per Diem: | | | | | | | | | |  | | |  | |
|  | | | | | | | | | | Estimated Per Diem | | |  | |
| \*\*Transportation: | Airfare: | |  | | | | | | |  | | |  | |
|  | Car cost (rental): | |  | | | | | | | Estimated Transportation | | | $0.00 | |
|  | Car cost (personal): | |  | | | | | | |  | | |  | |
| Incidental Expenses: | Motel: | | Nights @ | | | | |  | | Estimated Incidental | | | $0.00 | |
|  |  | | = $0.00 Per Night | | |  |  | |  |  | | |  | |
|  | Other Incidental Expenses: | |  | | | | |  | |  | | |  | |
| Type of Incidental Expenses: | | | | | | | | | | Total Estimated Expenses | | | $0.00 | |
|  | | | | | | | | | | =  Travel Allowed | | | $0.00 | |
|  | | | | | | | | | | | | | | |
| I hereby certify that the above estimated expenses are anticipated to be incurred by me as necessary traveling expenses in the performance of my official duties; attendance at the conference or convention directly relates to the official duties of the agency; any meals or lodging included in the registration fee have been deducted from this travel authorization request. If the travel authorization exceeds actual travel expenses incurred, I will refund the State of Florida the remaining unexpended funds within 10 days after completion of the travel period. | | | | | | | | | | | | | | |
| Traveler’s Signature: | | | | Title: | | | | | | | | Date Prepared: | | |
|  | | | |  | | | | | | | |  | | |
| Pursuant to Section 112.061, Florida Statutes, I herby certify or affirm that the above-anticipated travel will be on official business of the State of Florida. | | | | | | | | | | | | | | |
| Supervisor’s Signature: | | | | Title: | | | | | | | | Date Prepared: | | |
|  | | | |  | | | | | | | |  | | |
| \* If the estimated Per Diem is based on a per day allowance which is greater than $50, then an explanation must be furnished. | | | | | | | | | | | | | | |
| \*\*Estimated cost for common carrier and rental charges billed directly to the State shall not be included in the travel advance calculation. | | | | | | | | | | | | | | |